

## STANDARD APPLICATION FORM FOR LAND DISTURBING ACTIVITIES STORMWATER PERMITTING

SECTION 1 - Administrative Information (To Be Completed By All Applicants)

MAR 6 2006 DHEC-OURM Date: (MM/DD/YYYY) 03/06/2006 MYRTLE BEACH OFFICE Facility or project name: The Hunt Club Facility or project name: The Hunt Club

County: Horry

County: Horry

City/Town: Myrtle Beach

Location (also shown on location map): Intersection of Panther Parkway and Forestbrock Road

Latitude: 33° 42′ 34° N

Tax map #: 171-00-01-016, 171-00-01-021

USGS Quad Name: Myrtle Beach

USGS Quad Name: Myrtle Beach Nearest receiving water body: Intracoasta: Waterway
Distance to nearest receiving water body: 1 mile
Ultimate receiving water body: Atlantic Ocean Are there any wetlands located on the property? <a href="yes">yes</a> If yes, have they been delineated? <a href="yes">yes</a> If yes, has a Corps permit been issued? <a href="yes">N/A</a>
Are any federally jurisdictional wetlands being impacted by this project? <a href="yes">yes</a> (If yes, has a Corps permit been issued? <a href="yes">N/A</a>
Are any federally non-jurisdictional (state) wetlands being impacted by this project? <a href="yes">yes</a>
What is the total acreage of federally jurisdictional and state wetland impacts? <a href="yes">(Juris.)</a> 0.86 (Non-juris)
On an 8 ½" X 11" copy of a site plan indicate the wetland impacts and the proposed mitigation. Are there any existing flooding problems in the downstream watershed? No - see enclosed drainage study 5. Property owner of record: Scotland Development, Inc. Address: PO Box 36 City: Myrtle Beach State: South Carolina Phone (day): (843) 236-3300 (night): (fax): (843) 236-5264 Person financially responsible for the land disturbing activity: Richard Tucker (if different than above) Address: PO Box 36 City: Myrtle Beach State:South Carolina Zip:29578 Phone (day): (843) 236-3300 \_\_\_(night): \_\_ (fax): (843) 236-5264 Agent or day-to-day contact (if applicable): Richard Tucker
Address: PO Box 36 City: Myrtle Beach State: South Carolina Zip:29578 (night): \_ Phone (day): (843) 236-3300 (fax): (843) 236-5264 Plan preparer, engineer, or technical representative: Todd Grinolds. ETd of South Carolina. LLC
Address: 11947-J Grandhaven Drive City: Murrells Inlet State: South Carolina Phone (day): (843) 357-0606 (night): (fax): (843) 357-0655 Contractor or operator (if known): Unknkown 9. City: State:\_\_\_\_ Phone (day): \_ (night): \_ (fax): 10. Size, total (acres): 49,20 Surface area of land disturbance (acres): 23.75 11. Start date:(MM/DD/YYYY) 04/01/2006 Completion date:(MM/DD/YYYY) 07/01/2006 SECTION 2A - For Projects That Disturb Less Than One (1) Acre Which Are Not Part of a Larger Common Plan for Development or Sale and Which Are Not Located Within 1/2 Mile of a Receiving Waterbody in the Coastal Counties Description of control plan to be used during construction. (Must also be shown on plan sheets or sketch drawing): This plan does not have to be prepared by a professional engineer, tier b surveyor, or a landscape architect and there is NO STATE REVIEW FEE associated with this type of project. On a case-by-case basis, an NPDES permit with a \$125 500016106 fee may be required. 13. For this form to be complete, the applicant must sign item 23

DHEC 3306 (08/2003)

5-100

	<ul> <li>Description of control plan to be used during constr</li> </ul>	uction. (Must also be shown on plan sheets or sketch drawing):
	This plan must be prepared by a profession	al engineer, tier b land surveyor, or a landscape architect
		· ·
	Fee: \$125 NPDES General Permit coverage fee app	plies, exempt from state review fee.
	SIC code:	is the site located on Indian lands?
	For this form to be complete, the applicant must sig	n items 23 and 24 and the plan preparer must sign item 25.
	TION 2C - For Projects Disturbing More Than Two r for Development or Sale	(2) Acres and/or Projects That Are a Part of a Larger Common
	Is this part of a larger common plan for development or sale? NO	
	If yes, what is the state permit number for the previous What is the NPDES permit coverage number? N /	
	What is the NPDES permit coverage number? <u>N/</u> Has a Notice of Termination (NOT) been submitted for	the NPDES permit coverage? N/A
	The stormwater management and sediment and erosic engineer, tier b land surveyor, or a landscape architect	on control plan for projects of this size must be prepared by a professionat.
	SIC code:1521	is the site located on Indian lands? No
	Project Type: <u>Residential</u>	Fee: \$2,125,00
=(	Project Type: Residential or this form to be complete, the applicant must sign item:	
	or this form to be complete, the applicant must sign item: TION 3 - Signatures and Certifications  I hereby certify that all land disturbing construction a pursuant to and in keeping with the terms and condit will be assigned to the project for day-to-day control. Environmental Control and/or the local implementing on site inspections during the course of construction the land disturbing activity.  Printed Name	ind associated activity pertaining to this site shall be accomplished lions of the approved plans. I also certify that a responsible person. I hereby grant authorization to the Department of Health and agency the right of access to the site at all times for the purpose of and to perform maintenance inspections following the completion of Signature.
	or this form to be complete, the applicant must sign items TION 3 - Signatures and Certifications  I hereby certify that all land disturbing construction a pursuant to and in keeping with the terms and condit will be assigned to the project for day-to-day control. Environmental Control and/or the local implementing on site inspections during the course of construction the land disturbing activity.  Printed Name Owner/Person Financially Responsible  I certify under penalty of law that I have personalty of application and all attachments and that, based on minformation contained in the application, I believe that are significant penalties for submitting false informati	ind associated activity perfaining to this site shall be accomplished lions of the approved plans. I also certify that a responsible person. I hereby grant authorization to the Department of Health and agency the right of access to the site at all times for the purpose of and to perform maintenance inspections following the completion of Signature Owner/Person Financially Responsible examined and am familiar with the information submitted in this by inquiry of those persons immediately responsible for obtaining the
	or this form to be complete, the applicant must sign items TION 3 - Signatures and Certifications  I hereby certify that all land disturbing construction a pursuant to and in keeping with the terms and condit will be assigned to the project for day-to-day control. Environmental Control and/or the local implementing on site inspections during the course of construction the land disturbing activity.  Printed Name Owner/Person Financially Responsible  I certify under penalty of law that I have personally exapplication and all attachments and that, based on minformation contained in the application, I believe that are significant penalties for submitting false information and Tacker	and associated activity pertaining to this site shall be accomplished lions of the approved plans. I also certify that a responsible person. I hereby grant authorization to the Department of Health and a agency the right of access to the site at all times for the purpose of and to perform maintenance inspections following the completion of Signature Owner/Person Financially Responsible examined and am familiar with the information submitted in this no including the possibility of fine and imprisonment.
	or this form to be complete, the applicant must sign items TION 3 - Signatures and Certifications  I hereby certify that all land disturbing construction a pursuant to and in keeping with the terms and condit will be assigned to the project for day-to-day control. Environmental Control and/or the local implementing on site inspections during the course of construction the land disturbing activity.  Printed Name Owner/Person Financially Responsible  I certify under penalty of law that I have personalty of application and all attachments and that, based on minformation contained in the application, I believe that are significant penalties for submitting false informati	and associated activity pertaining to this site shall be accomplished access to the site at all times for the purpose of and to perform maintenance inspections following the completion of access and to perform maintenance inspections following the completion of a significant with the information submitted in this my inquiry of those persons immediately responsible for obtaining the at the information is true, accurate and complete. I am gware that the
	or this form to be complete, the applicant must sign items TION 3 - Signatures and Certifications  I hereby certify that all land disturbing construction a pursuant to and in keeping with the terms and condit will be assigned to the project for day-to-day control. Environmental Control and/or the local implementing on site inspections during the course of construction the land disturbing activity.  Printed Name Owner/Person Financially Responsible  I certify under penalty of law that I have personalty or application and all attachments and that, based on minformation contained in the application, I believe that are significant penalties for submitting false information contained in the application. I believe that are significant penalties for submitting false information contained in the application.  Printed Name Owner/Person Financially Responsible  Designer Certification - One copy of the plans, all spetherewith submitted and made a part of this application submitted signifying that I accept responsibility for the	and associated activity pertaining to this site shall be accomplished lions of the approved plans. I also certify that a responsible person. I hereby grant authorization to the Department of Health and agency the right of access to the site at all times for the purpose of and to perform maintenance inspections following the completion of Signature Owner/Person Financially Responsible examined and am familiar with the information submitted in this my inquiry of those persons immediately responsible for obtaining the at the information is true, accurate and complete. I am aware that the ion, including the possibility of fine and imprisonment.  Signature Owner/Person Financially Responsible edifications and supporting calculations, forms, and reports are in I have placed my signature and seal on the design documents edesign of the system. Further, I certify to the best of my knowledge rements of Title 48. Chapter 14 of the Code of Laws of SC, 1976 as
	or this form to be complete, the applicant must sign items TION 3 - Signatures and Certifications  I hereby certify that all land disturbing construction a pursuant to and in keeping with the terms and condit will be assigned to the project for day-to-day control. Environmental Control and/or the local implementing on site inspections during the course of construction the land disturbing activity.  Printed Name  Owner/Person Financially Responsible  I certify under penalty of law that I have personally examplication and all attachments and that, based on minformation contained in the application, I believe that are significant penalties for submitting false information that the personal contained in the application of the law that I have personally exampled to the contained of the personal contained in the application. I believe that are significant penalties for submitting false information to the contained in the application. Printed Name  Owner/Person Financially Responsible  Designer Certification - One copy of the plans, all spender with submitted and made a part of this application submitted signifying that I accept responsibility for the and belief that the design is consistent with the requirements.	and associated activity pertaining to this site shall be accomplished lions of the approved plans. I also certify that a responsible person. I hereby grant authorization to the Department of Health and agency the right of access to the site at all times for the purpose of and to perform maintenance inspections following the completion of Signature Owner/Person Financially Responsible examined and am familiar with the information submitted in this ny inquiry of those persons immediately responsible for obtaining the at the information is true, accurate and complete. I am aware that the ion, including the possibility of fine and imprisonment.  Signature Owner/Person Financially Responsible edifications and supporting calculations, forms, and reports are in I have placed my signature and seal on the design documents e design of the system. Further, I certify to the best of my knowledge rements of Title 48. Chapter 14 of the Code of Laws of SC, 1976 as sets of plans are required for final approval.)
	or this form to be complete, the applicant must sign items TION 3 - Signatures and Certifications  I hereby certify that all land disturbing construction a pursuant to and in keeping with the terms and condit will be assigned to the project for day-to-day control. Environmental Control and/or the local implementing on site inspections during the course of construction the land disturbing activity.  Printed Name  Owner/Person Financially Responsible  I certify under penalty of law that I have personally examplication and all attachments and that, based on minformation contained in the application, I believe that are significant penalties for submitting false information that the personal contained in the application of the law that I have personally exampled to the contained of the personal contained in the application. I believe that are significant penalties for submitting false information to the contained in the application. Printed Name  Owner/Person Financially Responsible  Designer Certification - One copy of the plans, all spender with submitted and made a part of this application submitted signifying that I accept responsibility for the and belief that the design is consistent with the requirements.	and associated activity pertaining to this site shall be accomplished lions of the approved plans. I also certify that a responsible person. I hereby grant authorization to the Department of Health and agency the right of access to the site at all times for the purpose of and to perform maintenance inspections following the completion of Signature Owner/Person Financially Responsible examined and am familiar with the information submitted in this my inquiry of those persons immediately responsible for obtaining the at the information is true, accurate and complete. I am aware that the ion, including the possibility of fine and imprisonment.  Signature Owner/Person Financially Responsible edifications and supporting calculations, forms, and reports are in I have placed my signature and seal on the design documents edesign of the system. Further, I certify to the best of my knowledge rements of Title 48. Chapter 14 of the Code of Laws of SC, 1976 as





